



581 FRANKLIN AVENUE ♦ ALIQUIPPA, PENNSYLVANIA 15001 ♦ (724) 375-5188

Fax #(724) 375-4594

Ordinance No.: 6-98

Adopted: 10/07/98

Registration No.: _____

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APPLICATION FOR CONTRACTOR REGISTRATION

Name of Firm: _____

Insurance Company: _____

Address of Firm: _____

Insurance Policy No.: _____

Insurance Amount (Liability):\$ _____

Business Phone: _____

Workman's Comp. Policy No.: _____

Emergency Contact: _____

Federal or State Employer's No.: _____

Owner of Business or Officers of Corporation

Name and Title (If Corporate Officer)

Address

City

Zip

Phone

Primary type of contracting done by your firm: _____

SIGNATURE OF APPLICANT _____ **DATE** _____

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REGISTRATION FEE: \$40.00 PER YEAR

MADE PAYABLE TO: CITY OF ALIQUIPPA, 581 FRANKLIN AVENUE, ALIQUIPPA, PA 15001

Return a copy of a Certificate of Insurance with your application.

City of Aliquippa
Affidavit of Non-Hiring

AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA]

COUNTY OF BEAVER

] §:

Before me the undersigned Notary Public, this day personally appears _____, to me known, who being duly sworn according to law, deposes and says that he will *not hire* any employees to work on the construction project being performed at _____.

It is so declared that worker's compensation coverage is not required on this construction project, due to the fact that the contractor will not hire any employees on this job. I understand that failure to adhere to this will require the municipality to issue a stopwork order.

I affirm the above statement to be true and correct.

Signature of Affiant

Subscribed and sworn before me

this _____ day of _____, 20____.

Notary Public